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Articles in Today's Clips Tuesday, October 23, 2007

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Mom's murder trial starts

Tuesday, October 23, 2007

By Danielle Quisenberry%%par%%
dquisenberry@citpat.com -- 768-4929%%par%%

Anhelica Ortega testified Monday she watched her friend model clothing she bought with money donated for her infant daughter's funeral expenses. Crystal Richardson-Poster was excited about the purchases, Ortega said during the first day of Richardson-Poster's murder trial.

The 24-year-old is accused of suffocating to death 9-month-old McKenzie Zukowski on July 31, 2003, in Ortega's mobile home just outside Brooklyn, where Richardson-Poster briefly stayed after she and Benjamin Zukowski, the girl's father, split.

Richardson-Poster is charged with open murder, which carries a mandatory penalty of life in prison. The bench trial -- requested by the defense -- is to continue today.

Jackson County Chief Circuit Judge Chad Schmucker could find her not guilty or guilty of first- or second-degree murder or less.

Ortega is among a handful of witnesses Chief Assistant Prosecutor Mark Blumer said would talk about Richardson-Poster's ``significant lack of grief" after her baby died in her crib.

Benjamin Zukowski's stepfather, Alan Hale, said Monday that Richardson-Poster wore jeans with a chain belt to the girl's funeral, smoked a lot of cigarettes and chatted on her cell phone near the open casket.

``If I didn't know who Crystal was I wouldn't think she was a grieving mother," he said. She acted as though ``she couldn't wait for it to end," he said.

Defense lawyer Ivan Brown said if Blumer could impugn his client, Zukowski was fair game. Richardson-Poster and her family contend Zukowski was addicted to pornography, which caused tension in the marriage.

Zukowski, who testified Monday, was not present at the time of the baby's death. He denied being addicted to porn, but did not dispute an \$800 phone bill one month, presumably sex-line charges. Pornographic magazines sent to him were ``junk mail," Zukowski said.

Prosecutors allege Richardson-Poster suffocated the baby with a garbage bag. A medical examiner whose June testimony was read Monday ruled she died of asphyxiation.

She did it possibly to prevent Zukowski from getting visitation rights, prosecutors allege. Charles Todd, a Friend of the Court investigator and conciliator, said as he understood an agreement between Zukowski and Richardson-Poster, Zukowski had been scheduled to take McKenzie on what ended up being the day after she died.

Richardson-Poster didn't think he could take care of McKenzie, Ortega said, and was adamant about this point.

The two were not getting along, Ortega said. ``It wasn't an amicable divorce; they were fighting really bad."

ClickOnDetroit.com

Young Mother Slain; Baby Found Nearby

POSTED: 7:20 am EDT October 23, 2007

UPDATED: 8:46 am EDT October 23, 2007

INKSTER, Mich. -- The body of a 29-year-old Inkster woman was found beaten to death inside her home on the 3600 block of Harriet Street.

Family members said her 1-year-old baby boy was found near her body covered in her blood.

The child was taken to the hospital and treated for dehydration.

Police said her boyfriend discovered her body when he came home Monday afternoon.

Police impounded two cars from the home and spent hours going through the house.

The boyfriend was taken in for questioning, but family members said they do not believe he would harm her, especially not in front of his child.

Police are investigating.

If you have any information, contact Inkster police at 313-563-9851.

RELATED TO STORY



Video: Young Mother Slain

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Do hospitals offer enough free care? They get billions in tax breaks in exchange for doing charity work, but many still drag their feet on offering it

October 23, 2007

BY PATRICIA ANSTETT

FREE PRESS MEDICAL WRITER

Vivian Glenn of Detroit fretted about the \$5,000 she owed to Detroit Receiving and Harper University hospitals.

The bills demanded that she call to arrange payment, making no mention of the free care available to low-income people like her, a single mother who cares for a 21-year-old daughter with cerebral palsy.

Unable to pay and fearing she would be denied future care, Glenn, 49, ignored the bills for nearly four months, until she asked the hospital to send forms to seek free care after she talked to a reporter about her case.

Though U.S. hospitals provide billions of dollars worth of free care, stories such as Glenn's are among the issues that are putting nonprofit hospitals and their tax-exempt status under scrutiny as never before in an important debate for Michigan and the nation.

State Sen. Hansen Clarke, D-Detroit, U.S. Sen. Chuck Grassley, R-Iowa, and activists around the country are among those asking whether health systems provide the level of charity care they should to deserve \$12.6 billion in tax exemptions nationwide each year. Michigan hospitals receive at least \$600 million in breaks.

Critics point to high bills sent to people like Glenn, lack of publicity about charity care, long waits at community clinics and hospitals' flights to the suburbs, where costly, state-of-the-art facilities are being built to cater to insured patients.

Hospitals say the exemptions allow them to fill a critical need in the health system as employers reduce or stop health benefits and, in Michigan, unemployment remains high, at 7.5% in September.

At Harper hospital, for instance, Loretta Pickeral of Livonia had the opposite experience of Glenn. She received more than \$120,000 in free care from Harper, including an amputation of a toe because of diabetic complications. Michigan's nonprofit hospitals say their annual bill for uncompensated care reached \$1.7 billion this year, up from \$883 million six years ago. What some hospitals count in that total is criticized in some quarters, and no standards exist about what should be included.

Hospitals are required to provide an unspecified amount of free care to keep their federal and state tax exemptions. But Michigan stopped requiring hospitals to file reports with the state in 1975, deferring to the Internal Revenue Service.

The IRS, which is conducting a major review of its rules, requires hospitals to file a yearly statement, but demands little detail about charity care. It has never revoked a hospital's nonprofit status for failure to provide free care.

Twenty-five community groups, under the leadership of the Boston-based Community Catalyst, want to require hospitals to spend at least 5% of revenues or operating expenses on free care, whichever is greater.

"Nonprofit hospitals receive enormous advantages through tax breaks, and we believe that those health care institutions should be clear to the community about the specific financial assistance programs and community benefits provided in exchange for these significant tax benefits," said Susan Sherry, deputy director of Community Catalyst.

Hospitals want to keep filing requirements as they are, calling such proposed changes burdensome.

Clarke plans to introduce legislation this fall to make nonprofit hospitals more accountable to the public. A minimum requirement for charity care is one proposal under consideration.

Clarke represents the east-side Detroit neighborhood where the Warren-based St. John Health closed its Detroit Riverview Hospital on June 30, with \$23 million in annual losses for the 2007 fiscal year.

An emergency center, imaging services and doctor's offices remain at the site. St. John is working with community groups to expand programs on the Riverview site to possibly include senior housing, an educational conference center, social service offices and more.

At the same time, St. John is building a \$224-million, 200-bed hospital in Novi, which is to open next year. It got legislative approval to build that hospital with promises to keep its commitment to serving Detroit's poor.

"I just want to be sure every hospital provides the value of the tax break it receives," Clarke said. "There should be free care or discounted health care for those who can't afford it."

Charity care underpublicized

The Michigan Health & Hospital Association, a Lansing lobbying and education group for 146 nonprofit hospitals in Michigan, strongly opposes requirements to set aside minimum percentages for free care.

It estimates the value of charity care and community health benefits provided by its hospitals at \$1.7 billion, and says they could not provide as much care if they had to pay taxes.

The figure includes much more than free care; it also factors in unpaid medical bills and losses from Medicare, spending the Catholic Hospital Association says should not be used to measure charity care.

The hospital association agrees more should be done to publicize charity care. It has encouraged members to post policies more clearly, said David Seaman, executive vice president.

Many hospitals do not widely publicize free care. Many programs are maxed out and don't take new patients, and whether a patient gets free care may depend on how the person was admitted.

Someone coming to the emergency department first likely won't get an application for free care or Medicaid because of the urgency of the situation, said Jay Rising, chief financial officer for the Detroit Medical Center.

That explains the difference in what happened to Glenn and Pickeral, Rising said.

Glenn was admitted twice to DMC hospitals after going to the emergency department; Pickeral's surgery was arranged in advance after her doctor helped her apply for free care and she filled out forms to have DMC check if she qualified.

While hospitalized, a DMC social worker helped Glenn fill out an application for Medicaid insurance, which still is pending, Rising said.

Should she qualify for Medicaid, "we may wipe out what's owed, retroactively," Rising said.

Since many clinics and doctors providing free care are full, patients with less urgent needs may wait, particularly to see a specialist.

Novi-based Trinity Health gives \$2 million a year in support for the Mercy Primary Care Center, on the site of the now-closed Samaritan hospital on Detroit's east side. It serves 1,300 uninsured adults. It can't take any more patients until Nov. 1, when it reopens enrollment.

"We get about 30 calls a day," said Aisya Williamson, the clinic's executive director. "There aren't enough resources out there."

St. John Health, Warren, also offers a clinic for the uninsured at its Conner Creek facility, the site of its closed Holy Cross Hospital in northeast Detroit and an emergency department on the site that sees 22,000 patients a year.

"We're serving a lot of people, but we can't do a big public shout-out and have more people show up than we can serve," said Cynthia Tauzeg, vice president of community health programs for St. John Health.

If anything, hospitals "haven't done a good enough job telling people what we do," said Bob Hoban, senior vice president for strategy at St. John.

Critics point to other problems, including:

- Uninsured patients may pay as much as 2 1/2 times that of insured patients, several national studies have found. Many are unaware that hospitals might be willing to write off as much as 75% of a bill for people with limited income.
- Aggressive hospital billing practices. In Connecticut and New York, patients facing big hospital bills have lost homes to foreclosure, spurring laws to require hospitals to notify patients of free and discounted care policies.
- High salaries and compensation given to top hospital executives -- which can be more than \$2 million a year.

Hospitals say the salaries are needed to attract top managers.

For profit or not for profit?

By definition, for-profit hospitals return profits to owners. Nonprofits put earnings into charity care and community programs. The distinction is fuzzy. Some hospitals even use the term "profit" to describe earnings, as the Detroit Medical Center does on its Web site, announcing its "fourth straight profitable year" in 2007, after six years of losses.

All of Michigan's hospitals are nonprofit, but are aggressive competitors, jockeying for prime locations and patients.

Public health advocates fear that the flight to the suburbs by hospitals and doctors will continue, as hospitals move operations to sites with the best-insured customers.

Two large new hospitals will open in Oakland County: a \$300-million, 300-bed hospital in West Bloomfield for the Henry Ford Health System, opening by 2009, and St. John's Novi hospital.

"The way our health care system is structured now, doctors and hospitals make money on the number of procedures they do on insured patients, particularly well-insured patients," said Sister Mary Ellen Howard, a former hospital administrator and director of the Cabrini Clinic in Detroit's Corktown neighborhood.

"That's why they are building hospitals in Novi and West Bloomfield.

"The system is not set up to reward institutions that help make people healthy; there are no financial incentives to do that," Howard said.

She is cochair of the Primary Care Network Council of the Detroit Wayne County Health Authority, a committee of primary care safety net providers in Detroit and Wayne County. Hospitals, even congressmen, refer people to her clinic. She throws up her hands in frustration over opposition to universal health care in the United States.

Some weeks, the clinic turns away patients because it can see only the first 25 people who line up.

People like Glenn, the Detroiters with high medical bills, line the clinic's waiting room. Many have unpaid medical bills, and collection agencies call some of them monthly. They never mention charity care policies, Howard said.

That's why some hospital critics, like Alan Sager, professor of health policy and management at Boston University, say scrutiny of tax exemptions doesn't go far enough.

"They are a sideshow but powerful indicator of what's wrong in hospitals and health care in the United States," he said. "It's a sideshow because only a small percentage of hospital revenue is involved" with charity care and community programs, compared with overall spending for health care, he said.

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QUESTIONS AND ANSWERS

A short primer on nonprofit hospitals

October 23, 2007

BY PATRICIA ANSTETT

FREE PRESS MEDICAL WRITER

QUESTION: What is a nonprofit hospital?

ANSWER: It is a nongovernment facility created solely to provide health care and community health benefits. It can't sell stock. Surplus revenue must be reinvested back into the hospital. In return for providing charitable services, the hospital receives numerous benefits, including exemption from federal and state income taxes and property and sales taxes. Bonds issued by state finance authorities to pay for hospital projects also are tax-exempt.

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Q: How many nonprofit hospitals are there in the United States?

A: About 3,900 of the nation's short-term, acute care hospitals, or 62%, were nonprofit in 2003. Another 20% were government hospitals and 18% were for-profit, according to a May 26, 2005, report by the General Accounting Office. The Northeast and Midwest have the highest concentrations of nonprofit hospitals; the South has the least.

Q: Are Michigan hospitals nonprofit?

A: All of Michigan's 146 acute care facilities are nonprofit. The state has a few private, specialty hospitals for psychiatric and other special services, but they are not general hospitals. As nonprofits, "all surpluses generated by those institutions are used for the betterment of the community as opposed to for-profit institutions whose surpluses are in part passed on to shareholders," said Kevin Downey, a spokesman for the Michigan Health & Hospital Association.

Q: Can a nonprofit hospital make a profit?

A: Accountants typically use the words "excess revenue over expenses" instead of "profit." But the word creeps into health care literature, and successful hospitals do make millions of dollars each year. Even the IRS document that nonprofits must file annually, a 990 form, uses the words "gross profit."

Q: What is charity care?

A: It is free care for which payment was never expected. Generally, this free care is offered to those who meet federal poverty guidelines. That determination varies hospital to hospital.

Uninsured and private-paying patients often are billed at full charges, or the highest rate. Hospitals are supposed to make payment policies clear to patients on admission, and they should provide guidance to patients about discounts they may offer to those who can't pay their bills.

On average, people who pay hospital bills on their own paid 87% more in 1997 than what the care cost, according to Harvard School of Public Health's Access Project.

Q: What is bad debt?

A: That is the amount a hospital is owed from uncollected bills. Bad debt is billed at full charge, the higher rate. The Catholic Hospital Association recommends that nonprofit hospitals distinguish bad debt from charity care. Michigan law does not require hospitals to distinguish bad debt from charity care, though more are doing that after the Michigan Health & Hospital Association recommended that hospitals make separate calculations for that spending.

Sources:The Access Project, Harvard School of Public Health; General Accounting Office report, May 26, 2005; Michigan Health & Hospital Association.

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UNDERSTANDING CHARITY CARE

Medical bill you can't pay? Maybe you don't have to

October 23, 2007

BY PATRICIA ANSTETT

FREE PRESS MEDICAL WRITER

Shirley Karfis knows it pays to challenge a medical bill.

She got a bill from Beaumont Hospitals for \$385.72, but Karfis, 70, of Dearborn Heights found out she didn't owe them a penny.

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Beaumont billed her for the lab tests she had done April 11 at its Farmington laboratory. She was billed the full amount.

Karfis, a former lab technician, called to question the bill later that month, and was told "this is what an uninsured person would pay," she recalled. When Beaumont confirmed that she had Medicare insurance, she was told to disregard the bill, and that she was billed in error, she said.

Nick Vitale, chief financial officer at Beaumont, said all patients, regardless of insurance status, are charged the same, as federal law requires. But some people, including those without insurance, may pay more. Insured patients often have charges reduced because their insurance plans negotiate discounts with hospitals, he said.

Like most hospitals, Beaumont has a charity-care policy. It writes off the complete cost of care for people whose income falls within 200% of federal poverty guidelines. For those whose incomes are 200% to 300% above federal poverty levels, the cost of care is reduced on a sliding scale. Some hospitals reduce bills for those up to 400% of poverty guidelines.

If you have a large bill and can't pay it, here are some tips:

- Ask if the hospital will negotiate a lower price. You may get all or part of your bill reduced if your income falls within the hospital's charity guidelines. Adjustments take into account a person's income and family size, but not their total indebtedness.
- Request an itemized bill, to see if there are duplicate or questionable charges.
- Keep notes on the dates you called and to whom you talked.
- Don't ignore a bill. After 120 days from the time the statement was issued, or a minimum of four notices, your account is handed over to a collection agency if you have not arranged a payment plan. That hurts your credit record.
- Contact the hospital and work out a payment plan. Ask if you might be able to get a discount on services provided.
- Ask for help in applying for federal and state assistance. You will need to provide information about household income, monthly expenses, available assets, financial obligations, outstanding medical bills and availability of insurance coverage.
- Get counseling about medical debt. If you are a Medicare or Medicaid recipient, contact the Michigan Medicare/Medicaid Assistance Program at 800-803-7174 or www.mymmap.org.cq

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The Saline Reporter

Local doctor seeks clothing for needy

Dr. Raymond Molano trying to help fill the gaps he sees in the healthcare industry

By Brian Cox
, Staff Writer

As a resident intern at St. Joseph Mercy Hospital in Ann Arbor, Dr. Raymond Molano sees everyday people in need of medications they cannot afford.

A 60-year-old disabled bus driver whose unemployment benefits have run out and who is waiting for Medicaid to assist with the purchase of his medication.

A 36-year-old unemployed man recently diagnosed with diabetes and given seven days' worth of medicine when he leaves the clinic, but who will not be able to afford a refill when his supply runs out.

A 55-year-old woman hospitalized with chronic obstructive pulmonary disease needs special oxygen equipment to live and is pending Medicaid approval, which could take three to four months.

Seeing these patients day in and day out, moved Molano to action.

"I'm on the front line of where the need is at," he said. "With the resources I have now, I'm falling short of my obligation as a physician. Something's got to be done, and I'm not going to wait for the government to get it done."

To provide people with funds to purchase medication during the time gap between their diagnosis and Medicaid, Medicare, or health insurance approval, Molano formed Health Assistance Program, a not-for-profit agency headquartered in Saline.

"I started this up mainly with the idea to get the revenue together to fill in the gaps that exist right now in health care," he said. "As a physician, I think my duty is to see how I can expand and open up resources to people who don't have medical insurance."

Molano researched ways to raise revenue and stumbled upon collecting clothing donations that he could then sell by the bundle to for-profit textile recyclers who usually ship the clothes in better condition to poorer countries for resale and shred clothes in poor condition to sell them as recycled rags and insulation.

Molano found support for the idea and pretty soon he had a garage full of donated clothes. When he opened his office at 1382 Industrial Drive two months ago, he hoped to collect 1,500 bags by the end of December. He only needs 500 more bags to reach that goal, and he still has three months to go.

"The response has been incredible," he said, standing beside a pile of clothing in the back room of the office he's renting.

Molano is hoping eventually to raise \$25,000 to \$35,000 a month to provide anywhere from \$70 to \$140 a month to individuals caught in the "gap."

He has ambitious plans. In the near future, he would like to purchase a van that could provide people who cannot drive with transportation to doctor appointments and pharmacies. He envisions in the next two years, manufacturing more affordable generic drugs for patients in need.

Molano has big plans for doing his part to help people trapped in a healthcare no-man's land.

"I can't just sit down and complain," he said. "I've got to do something. If I just complain, we'll be in the same boat."

In addition to the 60 to 80 hours a week he spends working at the hospital, Molano puts in up to five hours a week trying to get his new nonprofit off the ground.

"Sometimes I do feel overwhelmed and wonder should I have done this," he said, "but at the end of the day I know I'll have done something to help the community."

For more information on Molano's Health Assistance Program, visit hapassistance.org or to schedule curbside pickup of donated clothes, call 429-2737.

Staff Writer Brian Cox can be reached at 429-7380 or bcox@heritage.com.

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THE DAILY Reporter

Print this story

Insurance for children remains a hot issue

Print Page

By Roland Stoy-Staff writer

WASHINGTON — With children's health insurance still a hot issue, a handful of Republicans, on the same day the House failed to override the presidential veto of a funding increase, provided a plan of their own.

U.S. Tim Walberg, R-Tipton, was among them.

The House last Thursday lacked 13 votes, according to the Associated Press (AP), for an override of President George Bush's veto of a State Children's Health Insurance Plan that would have increased SCHIP funding to \$35 billion and added 4 million uninsured children to the program.

News reports said Democrats will not let the issue go away, and the AP said they invited Dr. Jennifer Howse, the head of the March of Dimes to use the party's Saturday radio address for the fifth consecutive week to express her organization's support of the failed legislation.

Supporters said the bill would have primarily addressed situations where working families are above the poverty level, yet still cannot afford insurance.

Critics seemed primarily to be concerned about opening the door to more socialized medicine, and said the SCHIP Bill would provide insurance for illegal immigrants and some adults.

The AP said there was an "explicit prohibition" in the bill that would have prevented an extension of free coverage to illegals.

While Bush said two weeks ago he would consider negotiating more money for SCHIP, Walberg joined House and Senate colleagues to announce the introduction of the More Children, More Choices Act of 2007, a SCHIP alternative bill.

Walberg had opposed the SCHIP increase from the beginning, in addition to the other arguments, saying it would harm senior citizens on Medicaid through private insurers.

He also noted the SCHIP increase would be funded by an increase in tax on tobacco.

Democrats said Bush, Republicans and the tobacco industry lobby united to defeat the SCHIP increase, and said voters will take note of the issue in the next election.

A press release from Walberg's office said the new legislation reauthorizes SCHIP to cover children in families earning up to 200 percent of the poverty level, and provides child health care tax credits to working families between 200 and 300 percent of the poverty level so they can afford to keep or buy private health insurance.

He said it also encourages health care innovation at the state level.

Walberg said of the new plan, "This legislation makes sure children in low-income families continue to receive health care by reauthorizing SCHIP and provides working families the ability to purchase quality, private sector health insurance for their children."

He continued, "As I have said throughout the debate, I am in favor of renewing the State Children's Health Insurance Program and this legislation, More Children, More Health Care, returns the program back to its original intent of ensuring poor children receive health care and it also makes health insurance more affordable and more accessible for 10.5 million American middle class children."

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Rep. Miller votes for children's insurance program

By Chad Selweski
Macomb Daily Staff Writer

U.S. Rep. Candice Miller again parted ways with President George Bush when she sided with a group of 44 maverick Republicans who voted to override President Bush's veto of a popular government health insurance program that would have been expanded to cover 10 million children.

The override attempt last week came up short in the House but Miller, a Harrison Township Republican, expressed no regrets.

Miller has criticized the Bush administration's past handling of the Iraq war and has voted against the president on some economic issues. She said she believes an expanded State Children's Health Insurance Program, or SCHIP, will aid Macomb County families, including some who are reluctant to ask for help.

The lawmaker supported SCHIP in the first round of House voting in September and said she rejects White House complaints that the proposal is an unreasonable expansion of the health care program.

"Coming from Macomb County and seeing the kind of challenges we are facing economically, I just see a lot of families that can use some help," Miller said. "I ... just think this meets the needs of needy families who are having difficulty getting insurance or making ends meet."

SCHIP subsidizes coverage for about 6 million children at a cost of about \$5 billion a year. The vetoed bill would have added 4 million children, some from middle-income families, at a cost of \$7 billion annually.

To pay for the spending increase, the bill would have raised the federal tax on cigarettes from 39 cents to \$1 a pack.

The bill enjoyed bipartisan support, but the 273-156 roll call was 13 votes short of the two-thirds majority that supporters needed to enact the bill into law over Bush's objections. The legislation had passed the Senate with a veto-proof margin.

Bush is now seeking a compromise with Congress and has assigned three top advisers, including Health and Human Services Secretary Mike Leavitt, to try to negotiate a new deal on Capitol Hill.

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http://www.macombdaily.com/stories/102307/loc_miller001.shtml

Gleaners food bank supply is critically low

October 22, 2007

By JOE ROSSITER

FREE PRESS STAFF WRITER

Gleaners Community Food Bank of Southeastern Michigan, the region's largest emergency food provider, is experiencing critical food shortages, and with the holiday season approaching — the time of year when requests for help are normally highest — the organization is putting out a call for monetary donations.

Officials at Gleaners estimate that inventory is down by 1.5 million pounds of food from last year.

The agency said some of the primary reasons for the alarming shortage include increased unemployment, a decrease in the amount of food donations coupled with increased demand, Michigan's failing economy and a surge in the number of foreclosures among area homeowners.

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"We have thus far been able to meet the demands of our partners, the over 400 soup kitchens, shelters, churches and pantries who serve our hungry neighbors," said Gerry Brisson, Gleaners vice president for development.

"But without help it is only a matter of time before hungry children, seniors and families will be denied assistance due to a lack of food."

In order to ensure that Gleaners can meet the needs of the estimated 250,000 people who depend on its emergency food to feed themselves and their families, Brisson calculated the agency would need to acquire about 2 million pounds of food before Thanksgiving.

Anyone wishing to make a donation can go to the Gleaners Web site, www.gcfb.org.

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Tuesday, October 23, 2007

Food banks hungry for donations

Thanksgiving could be bleak as number of jobless grows, donations fall off.

Delores Flynn / The Detroit News

DETROIT -- Gleaners Community Food Bank of Southeastern Michigan is asking the public for help so it can keep providing meals to people like Robin Smith.

Nine years after a car accident left him with several broken bones, and after caring for and burying his relatives, Smith is homeless. The 51-year-old, who is disabled, now relies on places like Cass Community Social Services in Detroit for food.

"They are my lifeline," he said. "If I can't get a meal through the food bank, I don't know what I'd do."

Advertisement Cass provides some 20,000 meals a week to soup kitchens, homeless shelters and senior Meals on Wheels programs with food it gets from Gleaners.

But Gleaners, which provides food for more than 400 soup kitchens, shelters, churches and pantries across Metro Detroit, announced Monday that it's running out of food. Gleaners is the largest of nine food distribution centers in Michigan, and all are feeling the pinch.

"Our shelves are starting to get bare," said Gerry Brisson, vice president of development for Gleaners, pointing to decreased donations and increased need. "We're at a point that if we don't see some kind of influx in revenue so we can buy food we're going to be in trouble. Local businesses have donated more food, but we are still short. So we are reaching out to the community for monetary donations because we don't want anyone to go hungry."

The agency needs 2 million pounds of food by Thanksgiving to make sure 250,000 people don't go hungry in Wayne, Oakland, Macomb, Livingston and Monroe counties. The 30-year-old agency is down 1.5 million pounds of food, about half its normal stock and half the amount it distributes a month. That will provide about three weeks of food before resources run out, Brisson said.

Gleaners distributed 26 million pounds of food last year. In the past three months, officials have seen the demand for food increase 13 percent over the same time period last year. About 20 percent of the food was purchased with monetary donations, and 80 percent is donated as surplus by large food companies like Kraft, Kellogg and Tyson.

Often those donations come in the form of manufacturing mistakes, such as putting too many raisins in a cereal box. But as companies operate more efficiently, they make fewer such mistakes, which means fewer surplus items go to food banks, Brisson said.

Food donations have been further reduced by Michigan's state budget problems. The Food Bank Council of Michigan typically provides about six million pounds of food through its Michigan Agriculture Surplus System. The food is purchased from farmers through a state grant that has shrunk from more than \$1 million four years ago to \$630,000 this year.

Funding hasn't yet been renewed for the fiscal year that began Oct. 1, and legislators are considering trimming another \$150,000. That would take another 1.5 million pounds of food from the state's surplus food supply, according to Jane Marshall, executive director of the Food Bank Council of Michigan.

As a result, the state's nine regional food distribution centers that provide food to about 2,500 agency food banks across Michigan's 83 counties aren't getting items from the Michigan Agriculture Surplus System.

As the largest, Gleaners distributes about 40 percent of the 65 million pounds of food all the agencies provide annually, she added.

"All of the distribution centers are being impacted. If the shortages continue we can start purchasing food from other states, but that quantity of food is going to be a challenge to make up," Marshall added. "So hopefully the folks in Lansing can get the budget hammered out because it will provide some relief."

Julie Highfield, director of Open Arms Food Pantry, has seen service demands increase 70 percent while food has dwindled 40 percent compared to 2006.

The Pontiac agency, which relies on Gleaners, serves about 93 families from Troy to White Lake twice a month and is worried about meeting individuals' needs.

"If people can't get their basic needs met they aren't going to be able to function in society," Highfield said. "Kids won't be able to focus and learn in school, and people aren't going to be healthy. There are all these social unrest aspects that go along with hunger if people can't get what they need. I hope the shortage problems don't come to that."

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KALAMAZOO GAZETTE

Big donations and small will help Kalamazoo's hungry

Tuesday, October 23, 2007

One of the truly magnificent things about the Kalamazoo area is that if a need emerges, people jump right in to meet it -- no matter whether they are rich or poor.

Last week, the Kalamazoo Gazette published a story saying that food supplies are running low at Loaves & Fishes, and that donations were desperately needed.

The number of people asking for food assistance was up about 21 percent this summer over last. And in the pre-holiday season, people have not yet started their traditional holiday donations to charity.

Three days after the story ran, two envelopes arrived in the mail at Loaves & Fishes. One contained a donation of \$1, the other held a check for \$10,000.

Neither donor has been identified.

Both most likely dug deeply into their pockets and their hearts.

The public might be astonished by the big check that will be used to stock area food pantries with emergency supplies for perhaps thousands of people.

But we would not be surprised if the giver of the dollar was not that far from requiring help from a food pantry himself or herself.

That is the nature of this community. People, no matter their income, have been moved to give and give again when there is a need.

And there certainly will be future needs, not just in Kalamazoo, where Michigan's weak economy continues to take its toll, but nationwide.

It's not just the unemployed who are lining up for food assistance. Soaring food and gasoline prices, depressed wages and escalating mortgage rates and deflating home values are making budgets tight in families where there are one or two wage-earners. By the end of the month, many are seeking help at local food pantries.

It's a trend that has been developing for years. Between 2000 and 2005, the amount of food distributed by Loaves & Fishes increased by 41 percent. Last year, the organization announced that it expected to increase by 75 percent the amount of food it distributes within three to five years.

That probably won't be far from off. Michigan's high unemployment rate, with 13.3 percent of state residents at or below the poverty line, will continue to push demand for emergency food up. And no one is predicting Michigan's economy will improve anytime soon.

So food banks like Loaves & Fishes will be needing every last donation, whether it's a \$10,000 check from an affluent benefactor or a single dollar from a person who wishes he or she could give more.

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Child support debts hurt state

FLINT JOURNAL LETTER TO THE EDITOR

VIENNA TOWNSHIP

THE FLINT JOURNAL FIRST EDITION

Tuesday, October 23, 2007

By Mary L. Bois

Journal Reader

It is my opinion that the state could get itself out of the debt if it would enforce the child support laws. I know of several people who should be receiving child support but do not, so they are forced to rely on the welfare system. In just two of the cases that I personally know of, the state is owed more than \$40,000, and that is just two cases. How many more are there just in this county?

There are supposed to be stiff penalties for not paying your support. In one case I know of, the man owes more than \$57,000, and \$20,000 of that is what is owed to the state. The youngest child is now 22 years old and the mother has been fighting for years to get him to pay up, yet he does not. Under state law, he also should have lost his driver's license for his debt, but yet this man still has his license.

Why is the state raising taxes and working overtime to get the budget into place? They need to take a look at the debt that private individuals owe and start collecting it. If some of these people go to jail, maybe the rest will get the hint and start paying their debt to the state.

Mary L. Bois

Vienna Township

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Article published Oct 23, 2007

Budget specter rises again

Susan J. Demas

The Enquirer

LANSING — The Legislature has run out of tricks and now it's running out of time — again.

The Halloween deadline for the 30-day budget extension is nine days away, but the partisan bickering that pushed the government into a five-hour shutdown on Oct. 1 is rearing its ugly head.

With a rankled business community ratcheting up pressure for a repeal of the new services tax — resulting in legislation introduced in both houses — most analysts and politicians said budget negotiations again will go down to the wire.

"The lack of experience is why we're deadlocked right now," said Ed Sarpolus, vice president of the Lansing-based polling firm EPIC-MRA. "But there are real talks going on."

State Reps. Lorence Wenke and Mike Nofs, Republicans representing Calhoun County, agreed the Legislature would bump up against the Oct. 31 deadline to chop \$433 million from the budget.

"Four hundred million didn't sound like a lot a few weeks ago to prevent a budget shutdown," Wenke of Richland Township said, "but \$400 million is a lot. ... The effects of these monetary reductions will be felt in the state of Michigan."

During a marathon session in September, the GOP-controlled Senate, Democratic House and Democratic Gov. Jennifer Granholm agreed to \$1.35 billion in new revenue, by raising the income tax to 4.35 percent and extending the 6 percent sales tax to some services.

To close the rest of the \$1.75 billion deficit, leaders signed off on budget cuts. Bills could go to the floor this week.

But disagreements about where to whack surfaced Thursday, when Senate Majority Leader Mike Bishop blasted Democrats for holding up the process.

"The goal, without a doubt, is to get it done (this) week," said Matt Marsden, spokesman for the Rochester Republican. "That's very important to us. There will have to be painful cuts ... but Democrats have been digging in their heels a little bit."

House Speaker Andy Dillon, D-Redford Township, said a deal is close but "there's a bit of politics in the process. ... There aren't very many disputes; we're putting on the finishing touches."

POSSIBLE CUTBACKS

About half of the state's \$43 billion budget comes from federal dollars, so legislators are hunting for savings in the other half — the general and school aid funds.

Most state departments have been asked to make a blanket 2.5 percent reduction, a move criticized by budget experts.

"It's pretty much a policy-free way of achieving cuts," said Tom Clay, former deputy state treasurer and emeritus state affairs director with the Lansing-based Citizens Research Council. "It ranks everything as equally important."

But it's the deeper gashes in three big departments that are the sticking points in bipartisan conference negotiations involving both houses and the state Budget Office.

Under set targets, cuts include about \$56 million from Corrections, about \$53 million from Community Health and about \$80 million from Human Services. These departments compose more than \$6 billion of the about \$9 billion general fund.

"These will be real cuts to important programs and services, most likely," said Leslee Fritz, Budget Office spokeswoman.

The most controversial proposal is from Republicans to further privatize the foster care and juvenile justice systems at a savings of about \$19 million.

Senate Minority Leader Mark Schauer, D-Bedford Township, called this a "big unresolved issue ... that's hard to compromise on" in the DHS budget.

Spokeswoman Maureen Sorbet said DHS opposes the plan, noting foster care already is 60 percent privatized.

Medicaid is under fire in Community Health's budget, though Granholm has said she doesn't want to see poor people lose health care. Doctors and hospitals could take a hit in reimbursement rates. Cuts to Medicaid likely will mean losses in federal matching dollars.

Spokesman T.J. Bucholz said Community Health is "fortunate to be in negotiations with the Legislature because many departments aren't."

In order to meet the \$56 million target, prisons likely will release some non-violent offenders, Clay said. Michigan incarcerates more than 50,000 people at a cost of \$30,000 annually per prisoner.

Talks remain fluid, but higher education, another \$1.9 billion of the general fund, could net a 1 percent increase. The state also has delayed \$165 million in payments to public universities and community colleges, but it is unknown if schools will see that money.

Meantime, most of Michigan's state universities have passed on double-digit tuition hikes. Western Michigan University in July passed a 6.4 percent increase.

K-12 schools probably won't see the 2.5 percent inflationary increase Granholm proposed in February. Enacting only a 1 percent boost will help the \$13 billion school aid fund see \$160 million in savings.

AX THE TAX

Slowing down the budget negotiations are efforts to repeal the new tax on a hodgepodge of services including astrology, landscaping and investment planning. The levy's start date is Dec. 1.

People in the business community have formed the Ax the Tax Coalition and won the ear of state Sen. Nancy Cassis, R-Novi, who introduced legislation on Wednesday. Co-sponsoring repeal measures are two senators who voted for the service tax and since have been targeted for recall, Wayne Kuipers, R-Holland, and Jim Barcia, D-Bay City.

Bills already were introduced in the House by state Reps. Dan Acciavatti, R-Chesterfield Township, and Cameron Brown, R-Fawn River Township.

If measures fail, the coalition wants to put a repeal on the ballot as early as January.

Marsden said it's not clear how the Legislature would have time to figure out a new budget by Oct. 31 if the state were to lose an estimated \$725 million in revenue from the repeal. Achieving budget cuts remains the top priority, Marsden said.

Democratic leaders also oppose the repeal right now.

"The (Oct. 1) solution was a bipartisan, bicameral agreement," Schauer said. "You can't get rid of the service tax without a suitable replacement."

But Nofs, R-Battle Creek, decried both the income and service taxes — which he voted against — as "the Democrats' plan."

Nofs said he likes a House Republican plan to nix the services tax without additional revenue, slashing a total of about \$1.16 billion from the budget. He did not offer up a comprehensive list of cuts.

"In a family, you have to make tough financial decisions," he said. "It's time for government to start doing the same."

However, it's unclear how such sweeping cuts would pass in the Democratic-led House, especially when legislators are struggling to slice \$433 million.

Fellow lawmaker Wenke also voted against both taxes, but said he doesn't expect the GOP ideas to go anywhere. Wenke said he is disappointed his plan to cut legislator and employee benefits hasn't gained traction.

"This is severe budget cutting," he said. "We're down to the bone — except for the highly generous compensation packages for representatives like myself, who haven't been asked to give up anything."



New digs for DHS

Tuesday, October 23, 2007

Kent County breaks ground next week on a new state-run social services headquarters. That will end a near 20-year odyssey of stops, starts and detours on a project that has kept welfare recipients and caseworkers in cramped, obsolete quarters far too long.

The new 137,500-square-foot Department of Human Services (DHS) building will nearly double the space of the current location on Franklin Street in Grand Rapids. The county is building at the Sheldon Complex, 121 Franklin St. SE, just blocks away from the current facility. The new location means that much-needed services will continue to be provided in proximity to most recipients. That certainly makes sense. Perhaps more than any other public agency, DHS should be close to the people it serves. The agency provides welfare payments, family counseling, Medicaid and Medicare assessments, and many other services to abused children, poor people, disabled residents and senior citizens. Nearly 70 percent of DHS clients live within a four-mile radius of the new site. Some clients don't have cars; the closer the DHS office, the more convenient for them.

The \$27 million project is a collaborative effort involving the county, state and city. Kent County will build on land purchased from the city and lease most of the building to the state. The structure will house all the area's DHS operations, including those now located at a satellite office in Cascade Township, bringing an extra 200 workers to the city. The county's Health Department clinic that serves low-income residents, and the city-county-run employment and training service also will occupy the building, slated for completion in June, 2009.

This project has taken a long and arduous path. After years of searching for a new site, a 1996 plan to build a \$20 million facility across the street from the current site was scrapped by the state in favor of leasing a site. State and county officials then spent years looking for ideal sites to lease. Then the leasing idea was dropped in favor of new construction.

In early 2000, the state approved construction of a new 125,000-square-foot headquarters at the corner of 28th Street and South Division Avenue. That decision, however, was reversed due to problems with the location and bid process, putting the search for a new social service site back to square one.

Kent County Commissioner David Morren, former chair of the board, deserves much of the credit for getting this project back on track. In 2005, Mr. Morren threatened to evict the state from the current cramped and crumbling county-owned Franklin Street location -- a former high school, built in 1948. With former state Rep. Jerry O. Kooiman, R-Grand Rapids, acting as point man in Lansing, the project was put on the front burner, again. A deal was struck last year for the county to build and own a new DHS building and lease it to the state for 20 years, with an option for renewal.

The search for a new site for the county's social services headquarters was ridiculously long. Next week's ground breaking is overdue, and certainly welcome.

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